Name in Full Susan Ashley

Certificate of Death

Died at Town Rockhall County Kent Co. MARYLAND

Date 1899 Month Jan. Day 22 Age Y. 65 M. 8 D. 4 Native of Md. Occupation Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Samuel Stevens

Father's Name John Ashley Mother's Name Susan Jones

Cause of Death Primary Paralysis 44 How long sick 8 days

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Walter O. Selby M.D.

Address Rockhall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Katie Bright

Died at (Town) Fountain (County) Kent MARYLAND

Date 1899 Month Jan Day 6 | Age Y. 2 M. 5 D. | Native of Kent Co. Md | Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number ~~of children~~ living

Husband / Wife of —

Father's Name Wm Bright

Mother's Name Cozora Tillis

Cause of Death: Primary Meningitis 39a — How long sick 6 weeks

Immediate Convulsions & Exhaustion. — Accident, Suicide, Homicide

Reported by G B Barwick M.D.

Address Kennedyville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Caroline Brown

Died at Town: Norton Point County: Kent MARYLAND

Date 189 9 Month: Jan Day: 12 Age Y. 70 M. D. Native of Md Occupation Cook

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living Two

Husband / Wife of Don't Know

Father's Name Don't Know Mother's Name Don't Know

Cause of Death: Primary 44 How long sick Two days.

Immediate Paralysis ~~Accident, Suicide, Homicide~~

Reported by John H. Hessey M.D.

Address Hunnicutt Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Beulah Amanda Burton

Died at Town Lankford County Kent Co MARYLAND

Date 189 9 Month 1 Day 7 Age Y. 1 M. 5 D. Native of Kent Occupation ~~[illegible]~~

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife — — — —

Father's Name John W Burton Mother's Name Mary Eliz Nichols

Cause of Death Primary Membranous Croup 86 How long sick 2 8

Immediate Asphyxiation Accident, Suicide, Homicide

Reported by W Frank Hines

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full John Clark

Certificate of Death

Died at Town Millington County Kent MARYLAND

Date 189 Month Jany Day 4 | Age Y. 5 M. 8 D. | Native of Md | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

Husband of Wife

Father's Name Do not know

Mother's Name Do not know

Cause of Death: Primary Grippe 9 days

Immediate Pneumonia

How long sick 10 days

Accident, ~~Suicide, Homicide~~

Reported by J. C. Hackett

Address Millington Md

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85465

Name in Full

Certificate of Death

Susan Fisher Clements

Died at Town: near Crumpton County: Kent MARYLAND

Date 1899 Month: Jan Day: 9 | Age Y.: 79 M.: 1 D.: 1 | Native of: Kent Co Del | Occupation: Housewife

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~

Number of children living: 3

~~Husband~~ / Wife of: David Clements

Father's Name: Thomas Slaughter

Mother's Name: Enicie Fisher

Cause of Death — Primary: Lagrippe 9 — How long sick: ill 3 or 4 days

Immediate: Congestion of Lungs — ~~Accident, Suicide, Homicide~~

Reported by: F. N. Sheppard M.D.

Address: Crumpton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Dora E. Coleman

Certificate of Death

Died at — Town: Near Chestertown — County: Kent — MARYLAND

Date 1899 — Month: 1 — Day: 7 — Age: Y. 7 M. 9 D. 5 — Native of: Queen Ann C — Occupation: —

~~Male~~ — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband of Wife: —

Father's Name: Jas E. Coleman — Mother's Name: D. E. Coleman

Cause of Death — Primary: Croupous Pneumonia — How long sick: 2 days

Immediate: Exhaustion 72 — ~~Accident, Suicide, Homicide~~

Reported by: J. A. Coolin

Address: Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full: John. Cotton

Certificate of Death

Died at — Town: Chestertown — County: Kent. — MARYLAND

Date 1899 — Month: Jany — Day: 8. — Age: Y. 9. M. D. — Native of: Maryland. — Occupation: none.

Male — ~~White~~ — ~~Married~~ — Widow — Divorced

~~Female~~ — Colored — Single — Widower — Number of children living

Husband / Wife of: William Moulton

Father's Name: Wm. Moulton — Mother's Name: Mary Cotton

Cause of Death — Primary: — Immediate: Inquest. 161

How long sick: Cause & Sign.

~~Accident, Suicide, Homicide~~

Reported by: Chas W Whaland M.D.

Address: Chestertown Tran Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6[illegible]

Name in Full | Certificate of Death

Henry Davis

Died at Town: Fairlee County: Kent. MARYLAND

Date 1899 Month: Jany Day: 28. Age Y. 75. M. D. Native of: Md. Occupation: Laborer.

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living Cannot say

Husband / Wife of Beaxie Davis

Father's Name Cannot say Mother's Name Cannot say.

Cause of Death: Primary Pneumonia . 72 How long sick 2 weeks

Immediate Heart complication Accident, Suicide, Homicide

Reported by Chas W Whaland. Md

Address Chestertown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full James Derry. Certificate of Death

Died at Town Pennina County Kent, MARYLAND

Date 1899 Month Jany. Day 26. Age Y. M. D. 2 Native of Md. Occupation

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living 1

Husband of Wife

Father's Name William Derry Mother's Name Amanda Derry.

Cause of Death Primary Premature Birth How long sick

Immediate 138 Accident, Suicide, Homicide

Reported by Chas St Whalen MD

Address Chester Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Amanda. E Derry

Certificate of Death

Died at Town Pomona. County Kent. MARYLAND

Date 189 9 Jany Month Day 28. Age Y. M. D. 4 Native of Md. Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name William Derry

Mother's Name Amanda Derry

Cause of Death Primary Premature Birth 138

Immediate

How long sick

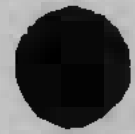
Accident, Suicide, Homicide

Reported by Chas W Whaland M D.

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full Luther Harris

Certificate of Death

Died at Town Fairlee County of Kent MARYLAND

Date 1899 Month Jan Day 3 | Age Y. 1 M. D. | Native of Kent | Occupation

Male White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Richard Harris

Mother's Name Marthy Harris

Cause of Death

Primary 140

Immediate teething agrivate with cold

How long sick

Accident, Suicide, Homicide

Reported by John P. McKelvin

Address Fairlee Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. H. H. Hersey

of

Seen by Coroner

of

Information contained in this certificate received from John P. Nicholson

of Fairlee Rent C.O.

Name In Full

Certificate of Death

Johnathan T. Hodgkins

Died at Town: Chestertown County: Kent MARYLAND

Date 1899 Month: 1 Day: 15 | Age Y. 73 M. 6 D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Neuralgia of heart — How long sick

Immediate 66 — Accident, Suicide, Homicide

Reported by Transcript. 1-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79666

Sacred Heart Catholic Church
Rev. Father McSweeney
Chester Cemetery.
Arthur N. Dodd, Undertaker

Name in Full Frank Taylor Hogans, Certificate of Death

Died at Town Rock Hall County Kent MARYLAND

Date 189 9 Month Jan. Day 17 Age Y. 29 M. 11 D. 6 Native of Pa. Occupation Oysterman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband ~~Wife~~ of Laura Ashley,

Father's Name Frank T. Hogans, Mother's Name Mary Coleman,

Cause of Death: Primary abcess 128 — How long sick

Immediate Blood poison — Accident, Suicide, Homicide

Reported by Walter O. Selby M.D.

Address Rock Hall Kent Co.

Must be signed by ~~physician~~, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Columbus Hopkins

Certificate of Death

Died at Town: Edesville County: Kent MARYLAND

Date 189 9 Month: Jan Day: 28 | Age Y. 3 M. D. | Native of: Maryland | Occupation:

Male / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single | Widow / Widower | ~~Divorced~~ / Number of children living: one

Husband / Wife of

Father's Name: Levi Hopkins

Mother's Name: Mary Beck

Cause of Death — Primary: Grippe 9 — How long sick: 4 days

Immediate: Pneumonia — Accident, ~~Suicide~~, ~~Homicide~~

Reported by: L B Willson

Address: Edesville Kent County Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Rachel A. Hudson

Certificate of Death

Town

County Kent

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	1	2	Age 40			

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 2

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Kent News 1-14

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Chesterville Cemetery

Rev. J. Edgar Wilson

Name in Full

James Murray

Certificate of Death

Died at Town: Worton County: Kent MARYLAND

Date 189? Month: Jan Day: 3rd | Age Y. 68 M. D. | Native of Ireland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living Three

Husband / Wife of Mary Wheat

Father's Name Dont Know

Mother's Name Dont Know

Cause of Death: Primary La Grippe 9 | Immediate Pneumonia | How long sick 10 days | ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by John H. Hessey M.D.

Address Hunesville Kent [redacted] Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Louisa Newman

Died at Town Chestertown County Kent MARYLAND

Date 1899 Month / Day 1 | Age Y. 5 M. 8 D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name | Mother's Name 22a

Cause of Death { Primary Consumption | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Transcript. 1-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Rev. J. Jones
Crumptons M. E. Church
" Cemetery.

Name in Full Henry Purnell

Certificate of Death

Died at Town near Millington County Kent MARYLAND

Date 189 9 Month 01-15 Day Age Y. 85 M. D. Native of maryland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 2

~~Husband~~ of ~~Wife~~

~~Father's~~ Name Mother's Name

Cause of Death: Primary General debility How long sick

Immediate

Accident, Suicide, Homicide

Reported by W. T. Jacobs

Address Millington Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68068

Name in Full

Mary Anne. Townsend.

Certificate of Death

Died at Town Sassafras County Kent MARYLAND

Date 189 9 Month Jan Day 22 Age Y. 67 M. D. Native of md Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 2

~~Husband~~ of ~~Wife~~

Father's Name Mother's Name

Cause of Death Primary Influenza 9 How long sick 13 days

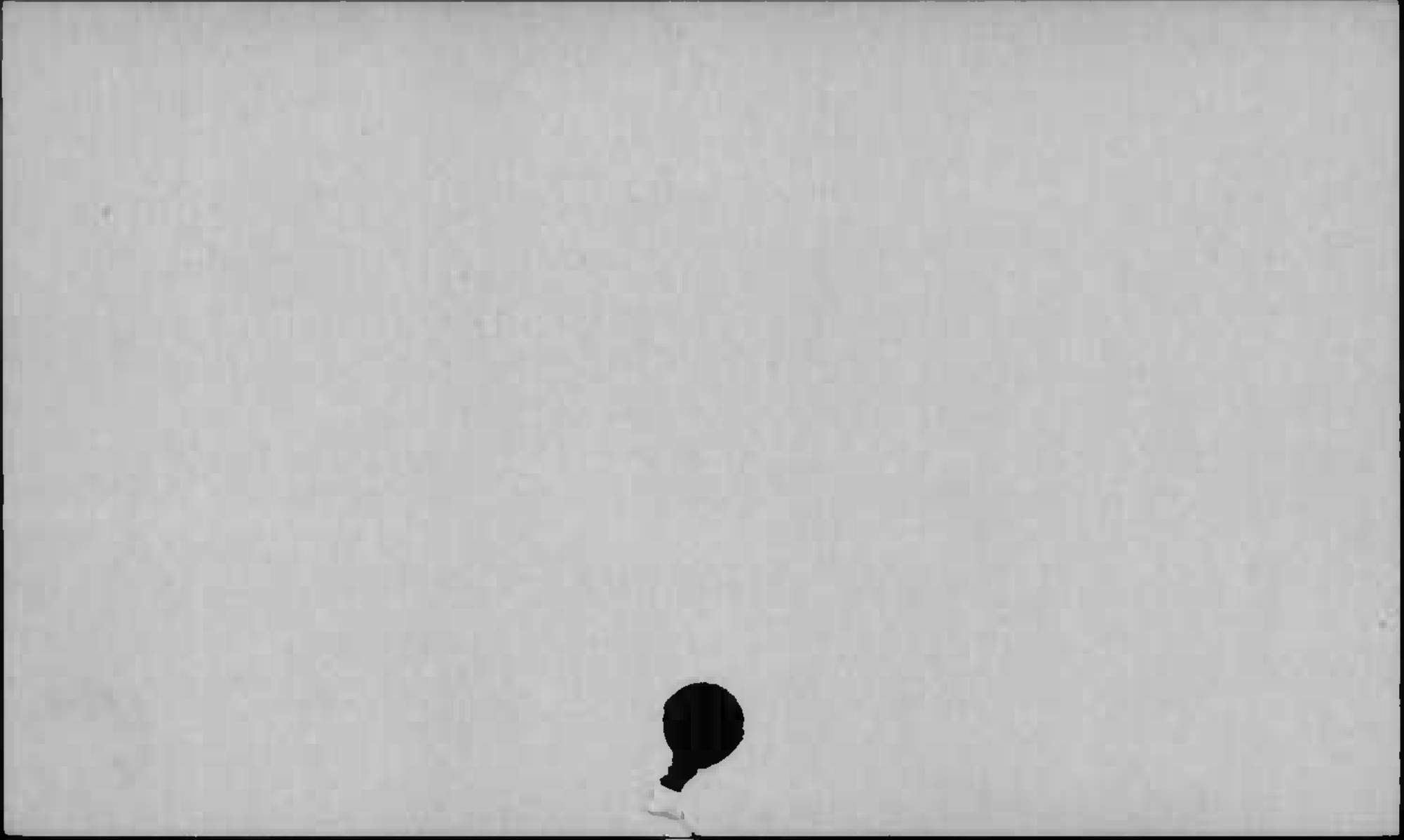
Immediate Corp Pneumonia ~~Accident, Suicide, Homicide~~

Reported by N M Jeter MD

Address Sassafras, Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full — Certificate of Death

Maria Rebecca Wilson.

Died at Town: Still Pond. County: Kent — MARYLAND

Date 1899. Month: 1 — Day: 10 | Age Y. 79 M. 3 D. 1. | Native of Kent, Md. | Occupation Housewife.

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living none.

~~Husband~~ / Wife of John Wilson.

Father's Name Thomas Berrins. Mother's Name Ann Berrins.

Cause of Death — Primary: Marasmus. 72 — How long sick: 3 years.

Immediate: Heart-failure.

Accident, Suicide, Homicide

Reported by William Steele Haywell.

Address Still Pond. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Major Benj. B. Strothe

Certificate of Death

Died at Town County Kent MARYLAND

Date 1899 Month 1 Day 18 Age Y. 76 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Transcript 1-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

L. N. Cemetery.

Undertaker Dodd.